

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>09/717 413</i>	Filing Date <i>3/25/05</i>					
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims	14		10		10							

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